SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

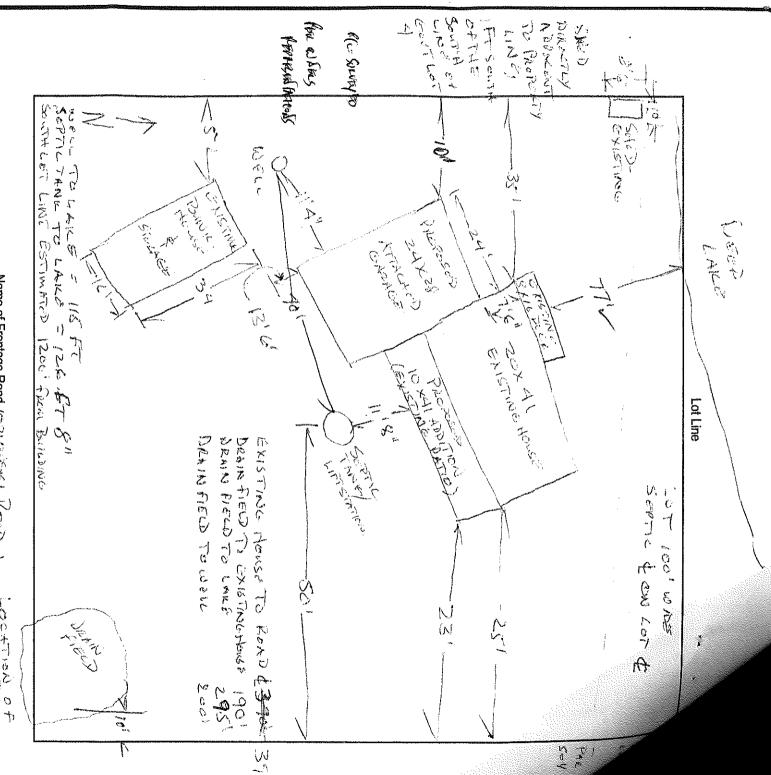
APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Carried Control

Date: Zoning District Amount Paid: 550 Application No.: 112 **1**75. 9056-I (SER 2

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVI Changes in plans must be approved by the Zoning Department.

	Date of Approval	Menoritor Inspector	12 KG/ Bar'd for Issuance Spined P	\$ \$
	*(- 5)	D)		
			llon:	Condition:
	Variance (B.O.A.) #		Miligation Plan Required: Yes 🛭 No 💆	Willigat
	Date of Inspection N-8-0	Date of I	. Structure = 75 then Oblin By DR	对级
	WERE COE Aboutements	cudas lareadinas	physical resolutions of	Inspec
			Peason for Denial:	Late Reaso
	Date V11 V	Date	Permit Issued: State Sanitary Number 1840FF	Permit
		PLEASE COMPLETE REVERSE SIDE	APPLICANT —	
	Copy of Tax Statement or (If you recently purchased the property	1 KIU X W1 S4	1 permit <u>6 774S 04L0c3S € 7 64D</u> on Back	Address to send * See Notice
	Date / 1620 2011		ed / Bornet (0)	Owner or A
<i>-</i> • • •	un) knowledge and belief it is ruce, collect and complete, it be relied upon by Bayfield County in determining whether am (are) providing in or with this application. I (we) at any reasonable time for the purpose of inspection.	ed by me (us) and to the best of my (of (we) am (are) providing and that it will by relying on this information I (we) to the above described property	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and better it is true, collect and countries (we) acknowledge that I (we) am (arc) responsible for the detail and accuracy of all information I (we) am (arc) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (arc) providing in or with this application. I (we) consent to country officials charged with administering Zountry ordinarces to have access to the above described property at any reasonable time for the purpose of inspection.	I (we) declare (we) acknowle to issue a per consent to co
•	WILL RESULT IN PENALTIES	CTION WITHOUT A PERMIT	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN <u>PENALTIES</u>	□ Nesidelli
	Accessory Building (explain)	☐ External Improvements to Principal Building (explain) ☐ External Improvements to Accessory Building (explain)	CARAGE	☐ Resident
	explain)	☐ Special/Conditional Use (explain)	1	☑ Resident
	1)	☐ Commercial Other (explain)	a sq. ft. Garage sq. ft. (IDX4I) I N Ca vars & 1≅X (X T)Nes	Residence sq. ft
	ilding Addition (explain)	☐ Commercial Accessory Building Addition (explain)	nce w/attached garage (# c	□ * Resid
	ilding (explain)	☐ Commercial Accessory Building (explain)	e sq. n rukul sq. n ft	Residence sq. ft. Deck sq. ft.
	ling Addition (explain)	☐ Commercial Principal Building Addition (explain)	w/deck-porch (# of bed	□ * Resid
	- Built	☐ Commercial Principal Building	e sq. ft	Residence sq. ft
∀′	addate)	Type of Septic/Sanitary System (☐ Mobile Home (manufactured date)		USE: □ ** Resid
À	Number of Stories Privy(Basement Yes No X Sanitary: New Existi	NewAddition/Existing	Structure: New Fair Market Value
	75' to 40' 🔲 less	Distance from Shoreline: greater than 75'	ls your structure in a Shoreland Zone? Yes 🔁 No 🔲 If yes.	ls your stru
	t: Yes□ No□	Written Authorization Attached:	7/5-8/7-1/85(Home) 500-15 (Work)	Telephone _
	(Phone)	Authorized Agent	1 PINBR WI SHR47	1800
		Plumber	Address of Property 67145 のえしゅいろドース)	Address of F
	(Phone)	Contractor		Property Ow
Ó%	010-109-14-5 05-00-070	3 04.022-2	Page S60 of Deeds Parcel I.D. 1842	Volume 1056
	Acreage	CSM#	LotBlockSubdivision	Gov't Lot
	e 07 West Town of HUGHES	ship 47 North, Range	iption1/4 of1/4 of Section / 4Township	Legal Description
	B.O.A. OTHER	JSE 🗍 SPECIAL USE 🗍	LAND USE SANITARY PRIVY CONDITIONAL USE Use Tax Statement for Legal Description	LAND USE
		TO APPLICANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.	DO NOT ST. Changes in p



Name of Frontage Road (こというべし 人つか)

POSTIMATED STITION

- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Ņ Show the location, size and dimensions of the structure.
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4 Show the location of the well, holding tank, septic tank and drain field
- Ċī Show the location of any lake, river, stream or pond if applicable
- တ Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent.
- Show dimensions in feet on the following:
- 2 RATRODING, 弁えですら

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DETAILED PLOT FLAN
STEPS 1-8 (5-0) COMPLETELL
STEPS 1-8 (5-0) COMPLETELL

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Privy to building

100 x

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DINING & CIVING

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